Docket No.:	1	1	7	90	4	

APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

I verily b (if plural inventors	elieve I am the or are named below)		ntor (if only one name ch is claimed and for	e is listed below) or	an original, first and joint inventor ght on the invention entitled:
described and clain	ned in the specifica	tion:			
Check one					
*a. ⊠ b. □	attached hereto.	Application No.	and amended on	(if applicable).	
amended by any an	nendment referred ledge the duty to	to above. disclose to the Office all			cification, including the claims, as to patentability as defined in Title
		§119, the priority benefitor to this application are		foreign application(s) and/or United States provisional
	Korean Patent	Application 2002-7	5765 filed on De	cember 02, 2002	
States of America	either (a) more tha				in countries foreign to the United the above-named foreign priority
	ransact all busines Jame Kirk	s in the Patent Office: s A. Oliff, Reg. No. 27,0 M. Hudson, Reg. No. 27 I P. Walker, Reg. No. 3	975; William P. Berr 7,562; Thomas J. Pa	idge, Reg. No. 30,02 rdini, Reg. No. 30,4 ller, Reg. No. 32,771	11;
		ONNECTION WITH T RIA, VIRGINIA 22320			ENT TO OLIFF & BERRIDGE,
own knowledge ar	e true and that all e knowledge that tle 18 of the Unite	statements made on info willful false statements a	rmation and belief ar nd the like so made a	e believed to be true are punishable by fin	t all statements made herein of my; and further that these statements e or imprisonment, or both, under the validity of the application or
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of First or Sole Inve	ntor	Tae Wan	0 / 1	Middle Initial	Family Name
**Inventor's Şignatur	۵۰	Given Name	Mus	_ Middle Initial	ramily Name
**Date of Signature:	<u> </u>	Novemb	er	19	2003
Date of Digitation	-	Month		Day	Year
Residence:		Seoul			Rep. of Korea
Citizenship:	Korean	City	Sta	ite or Province	Country
-	Post Office Ac	C CO. TTAR	NYANG Apt., So	ngpa-dong, Song	pa-gu,
	mailing address including count		170, Korea		

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^{*}If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

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1	Typewritten Full Nam		IZ I		CHOL			
	of Second Joint Inven	tor (if any)	Kyu Jin Given Name	Middle Initial	CHOI Family Name			
2	**Inventor's Signature	••	(1 us la	ivilgate finala	I milly Nume			
	J			19	2002			
3	**Date of Signature:		November		2003 Year			
	Residence:	Kyungg	Month gi-do	Day	Rep. of Korea			
	Citizenship:	City Korean		State or Province	Country			
		Post Office Address: (Insert complete mailing address,		IG Apt., Imae-dong, Bund	ang-gu, Seongnam-si,			
		including country)	Kyunggi-do, 463-060	0, Korea	· · · · · · · · · · · · · · · · · · ·			
1	Typewritten Full Nan		7 77		CIDI			
	of Third Joint Invento	or (if any)	Jung Hoon Given Name	Middle Initial	SUN Family Name			
2	**Inventor's Signature			Middle miliai	Painty Name			
3	**Date of Signature:	November	Mun	19	2002			
3	Date of Signature.				2003 Year			
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	Residence.	Kyungg	1-40					
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		mailing address, including country)	Sanghyun-ri, Suji-eup, Yongin-si, Kyunggi-do, 449-843, Korea					
1	Typewritten Full Nan of Fourth Joint Inven		Sung Jin		WHOANG			
			Given Name	Middle Initial	Family Name			
2	**Inventor's Signature	÷	W	ym				
3	**Date of Signature:		November	. 19	2003			
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		City		State or Province	Country			
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1	Typewritten Full Nan	ne			~~~			
	of Fifth Joint Invento	r (if any)	Bok Won Given Name	Middle Initial	CHO Family Name			
2	**Inventor's Signature	:	Given Name	Wilddle Illitial	ramy Name			
3	**Date of Signature:		November	19	2003			
			Month	Day	Year			
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		City		State or Province	Country			
	Citizenship:	Korean						
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		mailing address, including country)	Guseong-myeon, Yongin-si, Kyunggi-do, 449-913, Korea					

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and P wer of Att rney form of the application to which it pertains.